

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 16-049,810 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1 ⁶²		1			
4	1 ⁶²		1			
5	1 ⁶²		1			
6	1 ⁶²		1			
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TOTAL IND.	1		1			
TOTAL DEP.	5	↔	5	↔	↔	
TOTAL CLAIMS	6		6			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				↓				
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TOTAL CLAIMS								